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BP/165 #12DB6/25/11x seq  
(Modified) PTO/SB/21 (8-98)  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/478,188
Filing Date	January 5, 2000
First Named Inventor	Ben Shen
Group Art Unit	1652
Examiner Name	Kathleen Kerr
Total Number of Pages in This Submission	71
Attorney Docket Number	407T-896010US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): sequence listing (paper copy and computer readable disk and receipt acknowledgment postcard)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input checked="" type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Tom Hunter Reg. No. 38,498 The Law Offices of Jonathan Alan Quine
Signature	
Date	15 June 2001

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: June 15, 2001		
Typed or printed name	Richard Pask	
Signature	Richard Pask	Date 6/15/01



# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.  
Small entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 445.00

## Complete if Known

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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <u>50-0893</u></p> <p>Deposit Account Name <u>Law Offices of Jonathan Alan Quine</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p><b>3. 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SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	Tom Hunter		Reg. Number	38,498
Signature		Date	6/15/01	Deposit Account User ID

CERTIFICATE OF MAILING			
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